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## FACSIMILE COVER SHEET

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Deliver to: Tran, Phi Dieu A., USPTO Art Group: 3637  
 Facsimile No.: (571) 273-8300 Date: June 17, 2009  
 From: Farzad E. Amini, Reg. No. 42,261  
 Our Docket No.: 8758P010 Number of pages 20 including this sheet.  
 Application No.: 10/788,716 Filing Date: 2/27/2004  
 Docket Due Date(s): 4/11/2009

Enclosed are the following documents:

- |  |   |
|--|---|
| <input type="checkbox"/> Amendment: _____ ( ____ pgs)                          | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input checked="" type="checkbox"/> Appeal Brief ( <u>17</u> pgs)              | <input type="checkbox"/> Notice of Appeal (in duplicate)                          |
| <input type="checkbox"/> Application: _____<br>( ____ pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: _____                                      |
| <input type="checkbox"/> Assignment & Cover Sheet ( ____ pgs)                  | <input type="checkbox"/> Request for Continued Examination (RCE) (in duplicate)   |
| <input checked="" type="checkbox"/> Certificate of Facsimile                   | <input type="checkbox"/> Reply Brief ( ____ pgs)                                  |
| <input type="checkbox"/> Continued Prosecution Application (CPA)               | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)     |
| <input type="checkbox"/> Declaration & POA ( ____ pgs)                         | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request       |
| <input type="checkbox"/> Drawings: ____ sheets, ____ figures                   | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: _____                              | <input type="checkbox"/> Response to Written Opinion ( ____ pgs)                  |
| <input checked="" type="checkbox"/> Fee Transmittal                            | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input type="checkbox"/> IDS & PTO/SB/08 ( ____ pgs)                           | <input type="checkbox"/> Transmittal of Publication Fee Due                       |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Transmittal Letter                                       |

### CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

  
 Susan M. Manriquez

6/17/2009

Date

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**JUN 17 2009**

## FEE TRANSMITTAL for FY 2007

Parent fees are subject to annual revision.

*Complete if Known*

Application Number	10/788,716
Filing Date	February 27, 2004
First Named Inventor	Murray L. Neal
Examiner Name	Tran, Phi Dieu A.
Art Unit	3637
Attorney Docket No.	8758P010

☒ Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$) **270.00**

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
- ☒ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

### FEE CALCULATION

#### 1. EXTRA CLAIM FEES

Total Claims	Excess Claims	Fee from below	Fee Paid
20	0	25.00	\$0.00
Independent Claims	0	110.00	\$0.00
Multiple Dependent			

#### 2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	380	2203	185	Multiple Dependent claim, if not paid
1204	330	2204	165	**Reissue independent claims over original patent
1205	330	2205	165	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>				<b>(S) 0.00</b>

\*\*or number previously paid. If greater, For Reissues, see below

Other fee (specify): \_\_\_\_\_

**SUBTOTAL (2)**

**(S) 270.00**

### SUBMITTED BY

*Complete (if applicable)*

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Signature		Date	06/17/09		

Based on PTO/5B/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

